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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*for fee*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 0220146.5 08/30/2002 *for*UNITED KINGDOM 0313392.3 06/11/2003 *for*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/30/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature      Initials	STATE OR  COUNTRY UNITED KINGDOM	SHEETS  DRAWING 4	TOTAL  CLAIMS 20	INDEPENDENT  CLAIMS 5
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## TITLE

Oocyte and embryo handling apparatus

FILING FEE  RECEIVED 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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